

CADET PARTICIPATION INFORMATION/PERMISSION CONSENT FORM

Part I is to be retained by the Parent/Legal Guardian

PART I: CADET PARTICIPATION INFORMATION

DATE PREPARED: _____

ACTIVITY INFORMATION

Name of Activity	Activity's Location	Activity's Date(s)

Purpose: _____

DEPARTURE/RETURN INFORMATION

DEPARTURE

RETURN

Date: _____ Time: _____
Place: _____

Date: _____ Time: _____
Place: _____

COST, EQUIPMENT NEEDED, UNIFORM REQUIREMENTS, SPONSOR, & TRANSPORTATION INFORMATION

Cost for: ☐ Food ☐ Billeting ☐ Transportation ☐ Misc. ☐ _____

Equipment/Uniform Requirements: _____

Senior Contact1: _____
Phone #: _____

Senior Contact2: _____
Phone #: _____

Transportation: ☐ CAP Vehicle ☐ CAP Aircraft ☐ Other _____

KSWGf 5

1-Sep-08

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Part II is to be completed and returned to the Squadron

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PART II: CADET PARTICIPATION CONSENT

DATE DUE: _____

_____ has my permission to attend the activity, outlined in Part I, on the dates, _____ to _____. Further, I grant permission to the senior sponsor to secure any emergency medical aid and/or medication the cadet needs. I have completed and attached a CAPF 60, Emergency Notification form which lists my children's medical needs and current emergency contact names and phone numbers.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE SIGNED

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